

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

097914257

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	REQ.	DEP.	REQ.	DEP.	REQ.	DEP.
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TOTAL REQ.	1	1	1	1	1	1
TOTAL DEP.	3	4	4	4	4	4
TOTAL CLAIMS	4	5	5	5	5	5
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TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY